

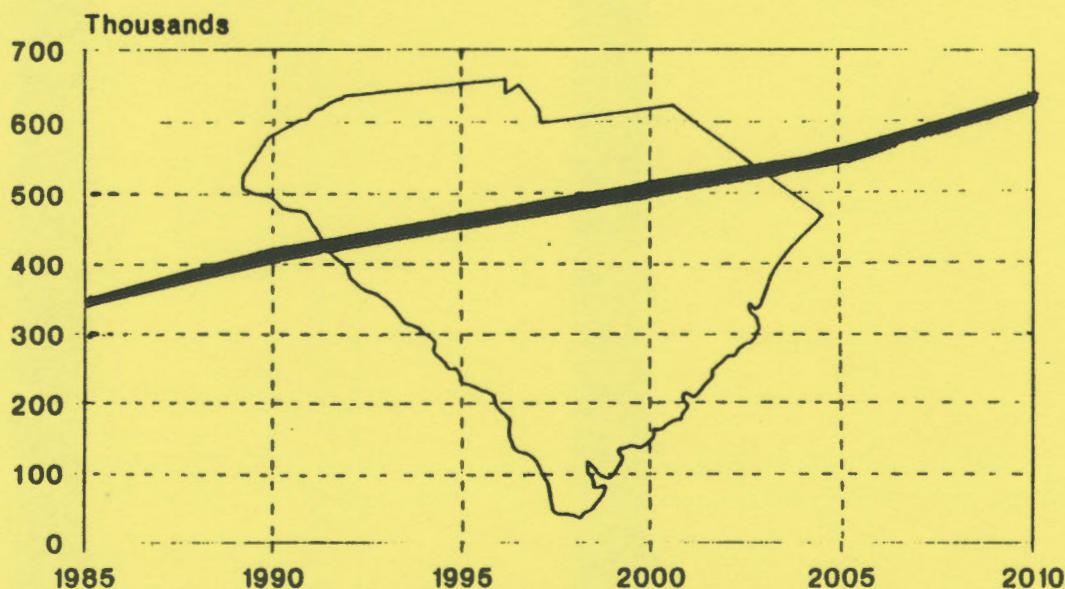
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A Consumer's Guide To
Long Term Care Insurance
In South Carolina

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A CONSUMER'S GUIDE TO LONG TERM CARE INSURANCE IN SOUTH CAROLINA

FACT: Within 20 years, South Carolina's older population is expected to exceed 630,000--up 55% from 1990.



*Population projections are for persons 65 years old and older. Information supplied by S.C. State Data Center.

JOINT LEGISLATIVE COMMITTEE ON AGING
PO BOX 11867
212 BLATT BUILDING
COLUMBIA, SC 29211
(803) 734-2995

MAY 1990

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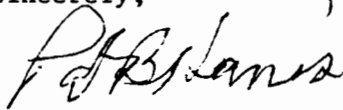
STATE DOCUMENTS

PREFACE

During the course of research and analysis for legislative purposes, the need for information on long term care insurance became evident. The Committee's legislative intern compiled information from many sources to produce this guide so that it may be made available to organizations and individuals. Long term care insurance is being addressed both at the national level, by such groups as the National Association of Insurance Commissioners and the Pepper Commission, and at the state level. The insurance industry should be applauded for their efforts and continued improvements in the area of long term care insurance.

We hope readers will find this guide useful and informative. The Committee will continue to work with organizations, constituents, and the General Assembly to address the needs of our older citizens.

Sincerely,

A handwritten signature in cursive script, appearing to read "P. B. Harris".

Representative Patrick B. Harris, Chair
Joint Legislative Committee on Aging
May 1990

ACKNOWLEDGEMENTS

I would like to express my appreciation to the Department of Insurance, National Association of Insurance Commissioners, American Association of Retired Persons, Health and Human Services Finance Commission, Joint Insurance Study Committee, Health Care Planning and Oversight Committee, Commission on Aging, Department of Consumer Affairs, Department of Health and Environmental Control, Department of Mental Health, Commission on Women, and the insurance industry for their assistance in helping me compile this guide. I would also like to thank Representative Patrick B. Harris, Keller H. Barron, Beth Mitchell, and Len Tartaglia for their ideas and guidance in this endeavor.

Catharine Drennon
Legislative Intern
College of Social Work, USC
Spring 1990

Additional copies of this guide may be obtained from:

Joint Legislative Committee on Aging
PO Box 11867
212 Blatt Building
Columbia, SC 29211
(803) 734-2995

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INTRODUCTION

"Long term care" refers to a wide range of health care, social and residential services for people who, because of illness or disability, need assistance in their daily activities. This range of services offers people a continuum of care to meet their varying and changing disability levels.

Although long term care traditionally has meant nursing homes, a growing number of programs are becoming available to help people live as independently as possible in their own homes for as long as possible. Such programs include adult day care, senior centers, respite care, retirement and life care communities, home health and other services.

PURPOSE OF GUIDE

The purpose of this guide is to inform South Carolina citizens about long term care insurance in this state so that they may be able to make informed decisions when purchasing policies to cover their long term care needs.

DEFINITIONS

Skilled nursing care is needed for medical conditions which requires care by skilled medical personnel, such as a registered nurse or professional therapist. This care is available 24 hours, is ordered by a physician, and usually involves a treatment plan provided under the orders of a physician based on a medical plan and medical records. Some people need skilled care for a short time after an acute illness. Most persons requiring such care are in nursing homes, but a few remain at home with help from visiting nurses.

Intermediate nursing care is needed for stable conditions which require daily but not 24-hour nursing care. It is supervised by registered nurses and ordered by a physician. This level of care requires less specialized care and fewer procedures than skilled nursing care. Such care often involves more personal care and is generally needed for a long period of time.

Custodial care is needed for assistance with the activities of daily living. It is given by people without medical skills. Such care includes assistance with bathing, eating, dressing, and other routine activities. This type of care is less intensive or complicated than skilled or intermediate care. It can be provided in many settings, including nursing homes, adult day centers, respite centers, or at home.

Home care is received in a person's home. It may include part-time skilled nursing care, special therapy, physical or occupational therapy, part-time services of a home-health aide, or help from homemakers or choreworkers.

Long term care is a continuum. This continuum ranges from persons living independently at home at one end of the spectrum, and people totally dependent, living in an institution on the opposite end. In the middle would be people with various levels of need in settings such as adult day care centers, home care, community-based care, residential care facilities, or boarding homes. It is vital that long term care is addressed as a continuum because long term care is more than nursing home care. Nursing home care is only one of the many alternatives that older people have when considering their needs and preferred setting in which to receive their care.

LONG TERM CARE COSTS

Long term care can be expensive, depending on the amount and type of care needed and on the setting in which it is provided. In 1989, the cost of a year in a nursing home ranged from \$25,000 to \$50,000 depending on the area.

If you received nursing care in your own home and were visited three times a week by a nurse for the entire year, the bill would come to about \$8000. If you received personal care in your home from a home health aide three times a week or a year, the bill would come to about \$5000. Cost of home care will vary according to the support system that an individual has at home. For instance, if someone has a spouse or a child that is able to help provide care, the cost of home care will be relatively low. However, if someone has a high level of need and does not have someone to help them at home, it will probably be more expensive for them to be cared for at home than it would be in a nursing facility. Cost is an important issue and varies according to each individual situation.

PAYING FOR LONG TERM CARE

Nationally, more than half of nursing home care expenses are paid out-of-pocket by individuals and their families, and half are paid by state Medicaid programs. In South Carolina, most of the nursing home beds are paid for by Medicaid. Neither Medicare supplement insurance nor the health insurance you may have through your employer will pay for most long term care expenses. Medicare supplement insurance (Medigap) is private insurance designed to help cover some of the gaps in Medicare coverage but not long term care.

It is designed to pay other costs Medicare does not cover such as hospital deductible or excess physician copayments. Medicare will cover the cost of some skilled care or home health care, but only in certain situations. Your care will not be covered under Medicare if what you need is custodial or intermediate care, or if you need prolonged home health care on a daily basis. Even the new Catastrophic Care Amendments to Medicare do not cover long term care. Many people think that this new expansion of Medicare insurance will cover the cost of nursing home care or home health care, but it actually pays for such coverage only in extremely limited circumstances.

Medicaid is a major payer of nursing home care. To receive Medicaid assistance you must meet federal poverty guidelines or "spend down" your assets on health care to meet the eligibility requirements. Many people who begin paying for nursing home care out of their own pockets "spend down" their financial resources until they become eligible for Medicaid. They then turn to Medicaid to pay part or all of their nursing home expenses.

There are different Medicaid programs with varying income eligibility requirements. For people in the Community Long Term Care Program, whether they are in a nursing facility or being taken care of at home, an individual's income can be no more than \$1158 per month, and a couple's income can be no more than \$2316. Individuals can qualify for Supplemental Security Income (SSI) if their income is no more than \$386 per month, and a couple's income cannot exceed \$579 per month. Persons who qualify for the Aged, Blind and Disabled Program also have income requirements. A single person's income can be no greater than \$524 per month, and a couple's income can be no more than \$702 per month. Also there is a Medicaid program for people not meet the above income guidelines but that do have large outstanding medical bills; it is called the Medically Needy Program. If you need additional information or have questions regarding the above programs, please contact your local agency on aging. (Appendix F)

Recent changes in 1989 in Medicaid allow your spouse to keep at least \$786 per month and \$60,000 in assets, if you should become Medicaid-eligible for nursing home care. These amounts will increase annually.

Overall, Medicare pays for less than 2% of all nursing home expenditures. Private insurance pays about 1% because few people are currently covered by private insurance. With the increasing number of long term care insurance policies on the market, this percentage may grow.

LONG TERM CARE INSURANCE

You can purchase insurance that makes payments to you if you require care in a nursing home or at home. This type of policy is referred to as long term care insurance.

The cost and coverage of long term care insurance varies considerably from one policy to another. Policies must provide coverage for one year or longer for stays at the skilled, intermediate and custodial care level. Home health care must be offered as an option available unless already provided for in the policy. Individual policies must define skilled, intermediate, custodial and home care. The benefit payments may vary according to the level of care required.

Long term care insurance became available because of the Long Term Care Insurance Act passed in 1988 by the South Carolina General Assembly. The purpose of this act is to promote the public interest, to promote the availability of long term care insurance policies, to protect applicants for long term care insurance as defined from unfair or deestablish standards for long term care insurance, to facilitate public understanding and comparison of long term care insurance policies, and to facilitate flexibility and innovation in the development of long term care insurance coverage. (Code of Laws of South Carolina 1976, Long Term Care Insurance Act, Chapter, 38-72-10).

WHO NEEDS LONG TERM CARE INSURANCE

Many people are interested in long term care insurance to help pay for a stay in a nursing home. This guide will help you determine whether this coverage is appropriate for you. It will explain some of the complex features of those policies.

It is difficult to predict who will need long term care. The need for long term care can arise gradually, as a person needs more and more assistance with activities of daily living, or the need can suddenly surface following a stroke or a heart attack.

National studies indicate that only 5% of persons over the age of 65 will enter a nursing home. At any given time, 1% of all people age 65-74 resides in a nursing home. This number increases to as the age of the individuals increase. The longer a person lives, the more likely they will need the kind of care provided in a nursing home. Some people who have acute illnesses stay in a nursing home

for only short periods. Others are residents for many months or years because they require 24-hour care or because the care they need is not available outside a nursing home. Many people who need nursing care can be cared for in their own homes if appropriate community-based services are provided either by agencies, relatives, or friends.

Not everyone should buy a policy. For some individuals, long term care insurance is an affordable and attractive form of insurance; for others, the cost is too high and the benefits insufficient. The older you are, the more expensive your coverage will be. The purchase of such insurance should not cause a financial hardship, making you forego other more pressing financial needs. Each individual must examine their needs and resources to decide whether long term care insurance is appropriate. (Appendix A)

Long term care insurance is only one of several ways to address the potential financial risks of long term care. Which way is best for you will depend on your age, financial circumstances, (including your assets and annual income) medical conditions and overall retirement objectives. For instance, if you live on a minimum Social Security income or Supplemental Security Income (SSI), and this is your only source of income, do not need to purchase a long term care policy because you will be covered by Medicaid.

MEDICARE AND LONG TERM CARE INSURANCE

To understand how long term care insurance differs from Medicare, it is important to understand what each covers.

Medicare

Medicare is a federal program which provides partial payments for medical services for persons 65 and older. Medicare is divided into two parts: 1. hospital insurance which is called Part A; and 2. medical insurance which is called Part B.

Most American citizens over the age of 65 are eligible for Part A which pays for hospital care. Those desiring Part B coverage for doctor bills and other medical expenses must pay a monthly premium (which is deducted from their social security checks). Neither Part A nor Part B pays for the entire cost of medical services. Either you or other supplementary insurance pays for deductibles and copayments. A deductible is an initial dollar amount which you pay before Medicare starts paying. A copayment is your share of expenses for covered services above the deductible.

Medicare is not designed to cover long term care and, therefore, provides little nursing home coverage. Medicare provides limited skilled nursing home care. However, because of various Medicare restrictions, the average user of Medicare nursing home benefits receives only 27 days of covered care per year. Medicare is designed to cover medical expenses when the individual's health is getting progressively better; it is not set up to address chronic health problems.

You must need daily skilled nursing or skilled rehabilitation therapies to improve your condition. Medicare will not cover intermediate or custodial care because it is not viewed as medically necessary. According to the Social Security Office, a condition is medically necessary if 1) a doctor certifies the individual needs and is receiving skilled nursing or skilled rehabilitative services on a daily basis and 2) is approved as medically necessary by the appropriate board.

Medicare Supplemental Insurance

Medicare supplement insurance (sometimes referred to as Medigap) pays for some or all of Medicare's deductibles and copayments.

Medicare pays only for services determined to be medically necessary and only up to the "allowable charges" approved by Medicare. Medicare supplements follow the same guidelines and pay nothing for services that Medicare finds unnecessary; nor do they make payments above the amount authorized by Medicare.

In general, Medicare supplement policies do not cover the type of skilled, intermediate and custodial care included in Long Term Care Insurance policies.

LONG TERM CARE POLICIES

South Carolina's long term care insurance is not triggered by Medicare payments or nonpayments. Long term care insurance policies may pay for skilled, intermediate, custodial, or home care. The policies vary as to which of these coverages they provide and to what extent. Each policy may define these terms differently. It is important that you understand these definitions because you will receive benefits only if the care that you receive is covered in the policy. Some policies make no distinction among levels of care.

The amount of benefits generally varies from \$40 a day to \$100 a day for durations ranging from one year to life. In general, costlier

plans will provide higher payments for a longer period of time and have fewer restrictions. Many policies do not pay the same amount for custodial care or home care as they pay for skilled care.

HOW LONG TERM CARE POLICIES WORK:

COVERAGE LENGTH

Policy maximums are limits on how much the policy will provide in benefits. Often the policy maximums are called lifetime maximums. For instance, some policies state that they will pay for care for a set number of days, months or years. For home health benefits, limits may be defined as number of visits. Other policies will pay for a certain amount of units of care (for example, a nursing home stay of 30 days may be equal to 15 units). Still other policies will pay up to a total dollar amount for any combination of covered services rendered.

If you have stayed in a nursing home and received payments from your insurance company, you usually need to be out of a nursing home for a specified length of time before you can receive benefits for another stay. Most policies will consider the second stay as part of the first if you are released from a nursing home and admitted again within 90 or 180 days. Since most policies limit the number of consecutive days for which they will provide coverage, your policy benefits could be used up faster unless you qualify for a repeat stay. When your subsequent stay in a nursing home begins, the elimination period begins all over again. That means you will have to pay for coverage again until the waiting period is over. Keep in mind that repeat stays for nursing home patients are rare, so you may not want to pay for a generous repeat stay provision.

POLICY RESTRICTIONS

All policies contain limitations and exclusions in addition to age, elimination or deductible periods, and the amount and duration of benefits. The purpose of these provisions is to help maintain reasonable premiums that would cover anticipated costs.

Limitations may include:

Preexisting conditions: An insurance company generally requires that a certain period of time passes before the policy pays for care related to a health problem you already had when you became eligible for coverage. These health problems are conditions for which medical advice or treatment was recommended by a physician or received within the specified period before your coverage begins.

Such health problems are called preexisting conditions. At this time, most companies use a six month preexisting condition limitation period. (For these policies, if you need to use long term care benefits within six months of the effective date of coverage due to a preexisting condition, you may be denied coverage.)

Eligibility: For most individual policies, you will be unable to buy a policy after a certain age. The risk of being admitted to a nursing facility increases rapidly after the age 75. Each company sets its own age limit usually around age 79. Most policies are available only to those over the age of 50. As long as you are not in failing health and can take care of yourself independently, you probably are eligible for coverage. These age limitations refer only to the ability to purchase long term care insurance, not to the age you are when you use the benefits.

Renewability: Policies sold to individuals are guaranteed renewable, which means they cannot be cancelled by the company as long as you pay premiums on time. The renewability provision normally is found on the first page of the policy and tells under what conditions the policy can be cancelled, how the policy can be cancelled, and when premiums may be raised. The company, however, can cancel your policy even if you pay your premiums if you lie on your application.

Following the termination of group coverage, some insurers provide for the continuation of or the conversion of coverage for individuals who are no longer members of the group. Under continuation, a person leaves a group but may maintain coverage premium. Conversion coverage entitles a person to convert to an individual policy even if they have an existing health problem when that person is no longer eligible for coverage under the group plan.

Exclusions: Policies may not pay for long term care related to inorganic mental or nervous conditions, alcoholism, mental retardation, or certain other health conditions or situations. Alzheimer's disease is covered, and other related cognitive impairments are generally covered. Check policy provisions carefully to determine what exclusions apply.

Physician Review: Another common requirement is that a physician must review nursing home or home care utilization to determine if it is necessary for the well being of the individual, rather than for the convenience of the individual. Benefits are usually not payable if the physician is a member of the covered person's immediate family.

Health Status: When you apply for long term care insurance, you are usually asked questions designed to screen out those people who are considered to be too great a risk for the insurance company. These questions usually relate to your health status, prior hospitalization and nursing home confinements. Each insurance company has its own standards for evaluating answers to these questions and determining eligibility.

Further limiting the coverage under long term care policies are the following exclusions under which the policy will not typically pay:

1. war or act of war (whether declared or undeclared);
2. expenses already paid by a government entity at no cost to the insured;
3. aviation (non fare paying passengers only);
4. attempted suicide or intentional self inflicted injury;
5. expenses caused by mental or nervous disorders;
6. service in the armed forces or units auxiliary thereto;
7. services provided outside the United States;
8. alcoholism and drug addiction; and
9. preexisting conditions as set forth above under the "preexisting condition" paragraph;
10. dental treatment.

POLICY COST

Age is the principal factor companies use to determine the premium you will pay. The younger you are, the cheaper your premium will be. With a wide variety of coverages possible, there also can be great variations in price, ranging from only a few hundred dollars a year for persons in their early 60s to more than \$3000 a year for older people.

The cost, or premium, for a long term care insurance policy may be paid monthly, quarterly, semi-annually, or annually. Once you have purchased a policy, the premiums will not increase based on your age, but will increase because of claims experience. Premiums cannot be increased on your policy unless the company raises the premium for all people with the same type of policy after it has proven that it has lost money on the policy.

Before you buy a policy, it is important to know the average cost of nursing home and home care in your area. Call two or three nursing homes near you; it will give a good estimate of price ranges. Keep in mind that inflation will increase the price of long term care over time.

ELIMINATION OR DEDUCTIBLE PERIODS

A deductible period is at the beginning of a nursing home stay when a policyholder is not covered by the policy. These periods (sometimes called "elimination periods") vary among policies. The longer the deductible period, the lower the premium should be. Some policies start paying benefits on the first or the 21st day of a nursing home stay. Policies that pay on the first day are more expensive than policies that pay on the 21st day. In choosing a policy, remember that most nursing home stays last less than 150 days. Be careful because some policies do not begin to pay until you have been receiving care for a year.

START DATE OF BENEFIT PAYMENT

Some long term care insurance benefits begin on the first day of a skilled nursing home stay or when Medicare skilled nursing benefits end, or when the elimination period has been satisfied for other levels of care. The number of days for which an insured must pay before the policy begins to pay benefits is the elimination period.

Policies that pay benefits beginning on the first day are more expensive than policies providing benefits after a longer elimination period expires. In reviewing policies, you should bear in mind that you could be in and out of a nursing home in less than 100 days.

PAYMENTS FOR SERVICES

A policy usually pays a fixed amount per day (e.g. \$40.00, or \$60.00 a day) while you are in a nursing home or residential care facility. However, actual charges for nursing home care may vary from \$50.00 to \$100.00 per day depending on the type of care required and the accommodations. Some policies will vary the amount paid per day according to type of care required.

FACILITIES COVERED

Policies generally pay for care only in facilities or by providers that are licensed by the state, participate in Medicaid and/or Medicare, and meet the policy's definition of covered care. Check the nursing homes and home health agencies in your area to make sure they fit the policy definitions.

OTHER FEATURES

Waiver of premium: A waiver of premium clause allows you to stop paying premiums during the time you are in a nursing home and receiving benefits. A waiver of premium clause is generally a plus. Some policies require you to be in a nursing home before the clause takes effect. This clause should be part of any policy you buy.

Inflation riders: Such riders increase benefits from 5-10% each year as inflation increases.

Nonforfeiture benefits: These benefits return part of what you have paid in premiums if you choose to cancel your coverage or if coverage lapses because you have forgotten to pay the premium. More and more policies are expected to contain nonforfeiture benefits. These benefits probably will not be paid in cash but will guarantee some benefit to you.

HOW TO DECIDE WHAT TO BUY

Only you can determine your needs. Three things you will want to consider are:

1. your chances of needing care;
2. coverage provided by long term care insurance; and
3. the cost of long term care insurance to you.

Examine the coverage you have presently through Medicare, and any other insurance you may be carrying. If you think it is too limited, then you might want to purchase long term care insurance. (Appendix C) When comparing policies, consider:

1. the levels of nursing care covered;
2. duration of coverage for each level of care;
3. the amount paid per day for each level of care;
4. the length of the elimination period;
5. home health benefits covered;
6. when benefits begin;
7. policy exclusions and limitations;
8. the cost of the policy; and
9. services provided by the insurance agent.

If you decide to purchase a long term care insurance policy, choose one that offers the benefits you want with a price that fits your budget. Remember, long term care insurance is not Medicare supplement insurance, but is designed to cover levels of nursing home care and home health care beyond the limited scope of benefits provided by Medicare.

***NAIC SHOPPING TIPS:**

Check with several companies and agents.

It is wise to check with several companies and agents before you buy. Be sure to compare the benefits provided, the limitations of coverage, the exclusions from coverage, and the premiums charges. (Policies that provide the same coverage do not always cost the same.)

Ask to see the agent's license.

Take your time and compare outlines of coverage.

Never let someone pressure or scare you into making a quick decision. Do not buy a policy the first time an agent comes calling. Ask him to give you an outline of coverage at the time of initial contact by the agent. If the agent does not give you an outline or tells you he will provide it later, do not deal further with that agent.

Understand the policies.

Make sure you know what the policy covers and what it does not. If you have any questions, ask the agent before you buy. Beware of an agent who claims the policy only can be offered once.

Beware of scare tactics.

If the agent gives you answers that vary or differ from information in the company literature or if you have doubts about the policy, tell the agent you will contact him or her later.

Check for preexisting condition exclusions and waiting periods.

Be aware of maximum benefits.

Discuss the policy with a friend or relative.

Don't be misled by advertising.

Don't be misled by the endorsements of celebrities. Most of these people are professional actors who are paid to sell insurance policies. They are not insurance experts.

Insurance policies are not associated with Medicare or the federal government.

Be wary of cards received in the mail that look as if they were sent by the federal government. They may really have been sent by insurance companies trying to find potential buyers. Be skeptical if you are asked questions over the phone about Medicare or your insurance. Any information you give may be sold to insurance agents who will call you or come to your home.

Don't buy multiple policies.

It is not necessary to purchase several policies to get enough coverage. One good policy usually provides sufficient coverage.

Switching policies.

Before you buy a new policy, make sure it is better than the one you already have. Even if your agent has switched companies and wants you to switch, too, carefully consider any changes you make. If you do decide to switch policies, make sure your new application is accepted before you cancel the old policy. If you cancel a policy in the middle of its term, most companies will not return any premiums you have paid. If you cancel, preexisting clauses will have to run again.

Don't be misled by agents who say your medical history is not important.

It is very important. Make sure you fill out the application completely and accurately. If an agent fills out the application for you, do not sign it unless you have read it and made sure that all of the medical information is correct. If information about the state of your health is wrong, the company can refuse to pay your claims and can cancel your policy.

Do not withhold medical information on the application.

Never pay the agent in cash.

Write a check, make it payable to the company, and ask for a receipt.

Be sure to get the name, address and telephone number of the agent and the company.

Always get a local or toll free number so you can contact the company.

If you don't receive your policy within 45-60 days, contact the company or agent for help.

When you receive your policy, keep it in a convenient place where you can find it, and tell a trusted friend or relative where it is.

Read the policy again and make sure it provides the coverage you want.

Reread the application you signed. It becomes part of the policy. If it's not filled out correctly, notify the insurance company right away.

REVIEWING A POLICY DURING THE FREE LOOK PERIOD

If you decide you do not want the policy after you purchase it, you have 30 days to ask for a refund. This is called the "free look" period. You should do the following:

1. Keep the envelope the policy was mailed in or insist your agent give you a signed delivery receipt.
2. If you decide to return the policy, send it to the insurance company along with a brief letter asking for a refund.
3. Send both the policy and letter by certified mail.
4. Keep a copy of all correspondence.
5. The refund process usually takes four to six weeks.

If you have questions about the agent, the insurance company, or the policies, contact the South Carolina Department of Insurance. (Appendix G)

CONCLUSION

Today our national picture of health is better than ever. Not only are we living longer lives, but thanks to an increase in the array of resources, we are living better. Long term care may will include a big share of help from family and friends, but it also may represent help from community resources we never knew existed.

For those determined to maintain their independence and avoid unnecessary nursing home stays, long term care today means a combination of services fitting their needs at different times.

Taking the time to learn as much as possible about the many care services available is a sound investment in your future peace of mind.

REFERENCES

The material presented in this guide was drawn from many sources including:

¹A Guide for Buying Long-Term Care Insurance in Georgia, 1190, pp. 274.21-274.36 of Long-Term Care Insurance (120-2-16-10) Exhibit B.

²A Shopper's Guide to Long-Term Care Insurance, Third Draft, November 20, 1989, National Association of Insurance Commissioners.

³The Right Place at the Right Time: A Guide to Long Term Care Choices, 1985, A Publication of Health Advocacy Services Program Department, American Association of Retired Persons.

⁴The Consumer's Guide to Long-Term Care Insurance, April 1989, Health Insurance Association of America.

⁵Kansas Long Term Care Insurance Shopper's Guide, January 1989, Fletcher Bell Commissioner of Insurance.

APPENDIX A
³ AARP FINANCIAL WORKSHEET

<u>Monthly Income</u>	<u>Monthly Expenses</u>
Salary or wages \$ _____	Individual Retirement Account (IRA)/Keogh Plan contribution \$ _____
Company pension \$ _____	Rent or mortgage \$ _____
Individual Retirement Account (IRA)/Keogh Plan \$ _____	Food \$ _____
Annuity \$ _____	Clothing \$ _____
Social Security:	Amusement \$ _____
You \$ _____	Medical \$ _____
Your spouse \$ _____	Transportation \$ _____
Interest on bank accounts \$ _____	Telephone \$ _____
Interest on bonds \$ _____	Utilities \$ _____
Stock dividends \$ _____	Home maintenance \$ _____
Real estate \$ _____	Appliances/furniture \$ _____
Profit from your own business \$ _____	Working expenses \$ _____
Other sources:	Personal items \$ _____
_____ \$ _____	Insurance \$ _____
_____ \$ _____	Taxes: income \$ _____
_____ \$ _____	other \$ _____
	Gifts \$ _____
	Other items: \$ _____

Total monthly income \$ _____	Total monthly expenses \$ _____

APPENDIX B
*INSURANCE CARRIERS PENDING APPROVAL
INDIVIDUAL LONG TERM CARE INSURANCE POLICIES
April 30, 1990

The Travelers Companies
(Approved to sell with Section 3.E. of Regulation 69-44)

Mutual of Omaha Life Insurance Company
(Approved to sell with Section 3.E.)

Pioneer Life Insurance Company
(Approved to sell with Section 3.E.)

American Travelers Life Insurance Companies
(Should be approved by May 15 with Section 3.E.)

Physicians Mutual Life Insurance Company
(Should be approved by May 15 with Section 3.E.)

Adjustable Life and Health Insurance Company

American Family Life Assurance Company

American Health and Life Insurance

Atlantic and Pacific Life Insurance

Bankers Life and Casualty

Bankers Multiple Line

J C Penny Life Insurance

John Hancock Mutual Life Insurance Company

Mutual Protective/Medico Life Insurance
(4 policies submitted)

Pennsylvania Life Insurance

Transport Life Insurance Company
(2 policies)

Union Bankers

*Information obtained from the South Carolina Department of Insurance. Group policies may also be sold by companies not listed.

APPENDIX C
²NAIC POLICY COMPARISON CHECKLIST

Use this checklist to help select a policy.

What are the benefits?

	<u>Policy A</u>	<u>Policy B</u>	<u>Policy C</u>
1. Does the policy provide benefits for the following expenses?			
-skilled nursing care	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
-intermediate nursing care	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
-custodial/personal care	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
-home health care	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
2. How long will the benefits last?			

-skilled nursing care	___ days	___ days	___ days
-intermediate nursing care	___ days	___ days	___ days
-custodial/personal care	___ days	___ days	___ days
-home health care	___ visits	___ visits	___ visits
-maximum benefits	___ days	___ days	___ days

3. Are benefits adjusted for inflation?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
How and by how much?	_____	_____	_____

How much does the policy pay?

4. What is the maximum amount the policy will pay for:			
-skilled nursing care?	\$ ___/day	\$ ___/day	\$ ___/day
-intermediate nursing care?	\$ ___/day	\$ ___/day	\$ ___/day
-custodial/personal care?	\$ ___/day	\$ ___/day	\$ ___/day
-home health care?	\$ ___/visit	\$ ___/visit	\$ ___/visit

5. Is there a limit on the total amount the policy will pay?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
--	----------------	----------------	----------------

6. If so, what are the limits?

-skilled nursing care	\$ _____	\$ _____	\$ _____
-intermediate nursing care	\$ _____	\$ _____	\$ _____
-custodial/personal care	\$ _____	\$ _____	\$ _____
-home health care	\$ _____	\$ _____	\$ _____
-overall limit	\$ _____	\$ _____	\$ _____

How many years will the policy pay and how much?

1 year	\$ _____	\$ _____	\$ _____
2 years	\$ _____	\$ _____	\$ _____
3 years	\$ _____	\$ _____	\$ _____
4 years	\$ _____	\$ _____	\$ _____
Lifetime	\$ _____	\$ _____	\$ _____

What are the limits and exclusions?

7. How long is the elimination
or deductible period
before benefits begin?

-nursing home care	_____ months	_____ months	_____ months
-home health care	_____ months	_____ months	_____ months

8. Will a preexisting condition
be covered after the six month
waiting period?

_____ months	_____ months	_____ months
--------------	--------------	--------------

12. What is the monthly
premium?
yearly premium?

\$ _____ \$ _____ \$ _____
\$ _____ \$ _____ \$ _____

13. Is there a waiver of
premium clause?

Yes ___ No ___ Yes ___ No ___ Yes ___ No ___

If so, when does it
begin?

What does long term care cost in your area?

14. What kinds of nursing homes are
there in your area and how much
do they charge for:

Nursing Home A

Nursing Home B

-skilled nursing care?

\$ _____ per month

\$ _____ per month

-intermediate nursing
care?

\$ _____ per month

\$ _____ per month

-custodial/personal care?

\$ _____ per month

\$ _____ per month

15. What do home health care
agencies in your area
charge?

Home Health
Agency A

Home Health
Agency B

-skilled care

\$ _____ per month

\$ _____ per month

-unskilled care

\$ _____ per month

\$ _____ per month

16. Is there a local agent of
the company who will
answer questions about the
policy you are considering?

Name _____

Address _____

Phone _____

APPENDIX D
GLOSSARY

ACCREDITED: Recognized by a professional organization to meet basic standards of quality

ADULT DAY CARE: Program designed to provide custodial care on a day care basis, outside the home, to individuals who do not require 24 hour confinement in a nursing home and continue to live in their home.

AREA AGENCY ON AGING (AAA): A local (city or county) agency that plans and coordinates various social and health service programs funded under the federal Older Americans Act (OAA) for persons 60 years of age and more. The network of AAA offices consists of more than 600 approved agencies. See list of resources for your local Area Agency on Aging. (Appendix E)

BENEFIT PERIOD: A period in which benefits are provided under a health insurance plan. The benefits period may be a specified amount of time, or the length of an illness.

CERTIFIED: Approved by the state health department to receive payment for Medicare or Medicaid services.

CHRONIC ILLNESS: An illness marked by long duration or frequent reoccurrence such as arthritis, diabetes, heart disease, asthma, and hypertension.

COINSURANCE: A percentage of allowed expenses that an insured person is required to pay, e.g., 20 percent of "reasonable" charges under Medicare.

COPAYMENT: The fixed dollar amount that you must pay for specific services under your health insurance plan, while the insurer pays the remaining costs. The copayment amount is set periodically and usually does not vary with the cost of the service.

CUSTODIAL CARE: Care that is primarily for meeting personal need such as help in bathing, dressing, eating or taking medicine. It can be provided by someone with professional medical skills or training but must be according to doctor's orders.

DEDUCTIBLE: The total initial amount that you must pay for services covered under your insurance plan before benefits are paid by the insurer.

DISCLOSURE FORM: A description of benefits, exclusions and provisions of a policy that facilitates understanding of the plan and comparison among plans.

EFFECTIVE DATE: The date on which insurance coverage goes into effect (not always the same as the date the application is completed).

ELIMINATION PERIOD: A specified number of days during which no benefits are paid after covered services begin.

EVIDENCE OF INSURABILITY: Any statement or proof of a person's physical condition and/or other factual information affecting the acceptability for insurance.

EXCLUSION: Any condition or medical expense for which the policy will not pay.

GRACE PERIOD: A stated period of time, usually 31 days, for the payment of a renewal premium after the due date during which time the policy remains in force.

GUARANTEED RENEWABLE: An insurance company agrees to insure a policyholder for life as long as the premium is paid and for a fixed premium unless there is an across the board rate increase.

HEALTH MAINTENANCE ORGANIZATION (HMO): An organization that provides a wide range of health care services for a fixed payment made in advance.

HOME HEALTH CARE: Care received at home such as part time skilled nursing care, speech therapy, physical or occupational therapy, part time services of home health aides or help from homemakers or choreworkers.

INDIVIDUAL INSURANCE: Insurance underwritten and sold on an individual basis.

INTERMEDIATE CARE: Occasional nursing and rehabilitative care that can be performed by, or under the supervision of, skilled medical personnel only. Care must be based on doctor's orders.

INTERMEDIATE CARE FACILITY: A nursing home that is licensed by the state and one that may be certified by Medicaid to provide intermediate care. It may provide custodial care as well.

LAPSE: Termination of a policy due to failure by the policyholder to pay the premium within the time required.

LEVEL OF CARE: The type of nursing care required by the nursing home resident, most commonly referred to as skilled, intermediate or custodial care.

LICENSED: Having a permit to operate or practice issued by an appropriate state or local agency.

LONG TERM CARE: The health, social, and support services available to older people and others on a long term basis to help them live independently. There are services for the active and the confined, the chronically ill disabled, and the mentally handicapped. You may receive these services in your home or by changing your living arrangement.

MEDICAID: A federal/state cooperatively funded and state operated program of health benefits to qualifying low income persons, established under Title XIX of the Social Security Act. States determine program benefits, eligibility requirements, rates of payment for agencies and institutions that provide services, and methods of administering the program under broad federal guidelines. Medicaid is operated in every state except Arizona, which has a comparable program.

MEDICAID WAIVER: Program under Section 2176 of the Omnibus Reconciliation Act of 1981 permits states to apply for a waiver to use Medicaid funds for additional long term care services in the home and in the community that will help people avoid institutionalization. In S.C., the Community Long Term Care Program participates in this program.

MEDICARE: A federal health insurance program for persons age 65 and over who are eligible for Social Security or Railroad Retirement benefits and for some people under 65 who are disabled. Medicare was established under Title XVIII of the Social Security Act. There are two parts: Hospital insurance (Part A) which is automatic, and supplementary medical insurance (Part B), covering physician and

other services, which is voluntary and requires the payment of a monthly premium.

MEDIGAP INSURANCE: Private health insurance purchased to cover the gaps, and often some additional services, not covered under Medicare.

OLDER AMERICANS ACT: Federal legislation enacted in 1965 and since amended to set up a network of state and area agencies on aging to plan, coordinate, and fund local programs of services for persons age 60 or older.

OUT-OF-POCKET PAYMENTS: Cost paid directly by an individual that are exclusive of insurance benefits.

PERSONAL CARE: Assistance given to people who need help with dressing, bathing, personal hygiene, grooming, or eating.

PREEXISTING CONDITION EXCLUSION: An exclusion of benefits for medical conditions that a policyholder had before applying for health or long term care insurance.

SKILLED NURSING CARE: Daily nursing and rehabilitative care that can be performed only by, or under the supervision of, skilled medical personnel. Care must be based on doctor's orders.

SKILLED NURSING CARE FACILITY: A nursing home that is licensed by the state and one that may be certified by Medicare and/or Medicaid to provide skilled care. It also may provide intermediate and custodial care.

APPENDIX E
RESOURCES

American Association of Retired Persons
Dr. John O. Gerald, State Director
4602 Hendrick Street
North Myrtle Beach, SC 29582
(803) 272-7361

Alzheimer's Disease and Related Disorders Association, Inc.
Peggy Thibault
SC Episcopal Retirement Community
100 7th Street Extension
West Columbia, SC 29169
(803) 796-6490

Community Long Term Care
Sam Waldrep, Director
Health and Human Services Finance Commission
1801 Main Street
Columbia, SC 29202-8206
(803) 253-6142

National Association of Retired Federal Employees
Margaret L. Baptist
621 Pelzer Drive
Mt. Pleasant, SC 29464
(803) 881-3713

SC Adult Day Care Association
Tammy Quarles, President
Columbia Adult Care, Inc.
3127 Rosewood Drive
Columbia, SC 29205
(803) 771-7108

SC Federation of Older Americans
Dr. J. Obert Kempson, President
111 S. Edisto Avenue
Columbia, SC 29205
(803) 799-1535

SC Gerontological Society
Sam Waldrep, President
Health and Human Services Finance Commission
1801 Main Street
Columbia, SC 29202-8206
(803) 822-8649

SC Retired Educators Association
Mary Mace, President
421 Zimalcrest Drive
Columbia, SC 29210
(803) 772-6653

SC Commission on Aging
Ruth Seigler, Director
400 Arbor Lake Drive, Suite B-500
Columbia, SC 29223
(803) 735-0210

SC Association of Area Agencies on Aging
Connie Shade, President
Lower Savannah Council of Governments
P.O. Box 850
Aiken, SC 29801
(803) 648-5447

APPENDIX F
SOUTH CAROLINA COMMISSION ON AGING
AREA AGENCIES ON AGING

REGION I - APPALACHIA

Dr. Michael Stogner, Aging Unit Director
South Carolina Appalachian Council of Governments
50 Grand Avenue
Post Office Drawer 6668
Greenville, SC 29606
(803) 242-9733

Counties Served: Anderson, Cherokee, Greenville, Oconee, Pickens,
and Spartanburg

REGION II - UPPER SAVANNAH

No regional office. Contact the six separate providers in order to
receive information for that region

Counties Served: Abbeville, Edgefield, Greenwood, Laurens,
McCormick, and Saluda

REGION III - CATAWBA

Mr. Gary Bowersox, Aging Unit Director
Volunteers of America
454 South Anderson Road, Suite 313
Rock Hill, SC 29730
(803) 329-9670

Counties Served: Chester, Lancaster, York, and Union

REGION IV - CENTRAL MIDLANDS

Ms. Julie Beckley, Aging Unit Director
Central Midlands Regional Planning Council
Suite 155, Dutch Plaza
800 Dutch Square Boulevard
Columbia, SC 29210
(803) 798-1243

Counties Served: Fairfield, Lexington, Newberry, and Richland

REGION V - LOWER SAVANNAH

Mrs. Connie H. Shade, Aging Unit Director

Lower Savannah Council of Governments

PO Box 850

Aiken, SC 29802

(803) 649-7981

Counties Served: Aiken, Allendale, Bamberg, Barnwell, Calhoun, and
Orangeburg

REGION VI - SANTEE-LYNCHES

Ms. Connie E. Davis, Aging Unit Director

Santee-Lynches Council of Governments

PO Box 1837

Sumter, SC 29150

(803) 775-7383

Counties Served: Clarendon, Kershaw, Lee, and Sumter

REGION VII - PEE DEE

Mr. Lewis J. Wallace

Commission on Aging

400 Arbor Lake Drive, Suite B-500

Columbia, SC 29223

(803) 735-0210

Counties Served: Chesterfield, Darlington, Dillon, Florence, Marion,
and Marlboro

REGION VIII - WACCAMAW

Ms. Aubie Melot, Director

Center for Rural Development

University of South Carolina, Coastal Carolina

PO Box 1954

Conway, SC 29526

(803) 347-3161

Counties Served: Georgetown, Horry, and Williamsburg

REGION IX - TRIDENT

Position Vacant, Aging Unit Director
Trident United Way
PO Box 2696
Charleston, SC 29403
(803) 723-1676
Counties Served: Berkeley, Charleston, and Dorchester

REGION X - LOWCOUNTRY

Ms. Corona Harrigan, Aging Unit Director
Lowcountry Council of Governments
PO Box 98
Yemassee, SC 29945
(803) 726-5536
Counties Served: Beaufort, Colleton, Hampton, and Jasper

LOCAL AGING SERVICE PROVIDER AGENCIES BY COUNTY

ABBEVILLE

Piedmont Agency on Aging
P.O. Box 117
Abbeville, SC 29620
(803) 459-9666

ALLENDALE

Allendale County Council on Aging
P.O. Box 684
Allendale, SC 29810
(803) 584-4350

BAMBERG

Bamberg County Council on Aging
P.O. Box 6
Bamberg, SC 29003
(803) 245-3021

BEAUFORT

Beaufort County Council on Aging
P.O. Box 1776
Beaufort, SC 29902
(803) 524-1787 or 524-8609
(803) 524-1787 or 524-8609

CALHOUN

Calhoun County Agency for
Senior Citizens
P.O. Box 212
St. Matthews, SC 29135
(803) 874-1270

CHARLESTON

American Red Cross
5290 Rivers Avenue
North Charleston, SC 29418
(803) 744-8021

Neighborhood LAP, Inc.,
438 King Street
Charleston, SC 29403
(803) 722-0107 or 724-1585

Sea Island Comprehensive
Health Center, Inc.
P.O. Box 689
Johns Island, SC 29455
(803) 559-5501 or 559-5527

AIKEN

Aiken Area Council on Aging
P.O. Box 235
Aiken, SC 29802
(803) 648-5447

ANDERSON

Anderson-Oconee Council on Aging
P.O. Box 103
Anderson, SC 29621
(803) 225-3370 or 225-0125

BARNWELL

Barnwell County Council on Aging
P.O. Box 1149
Barnwell, SC 29812
(803) 245-3738

BERKELEY

Berkeley Co. Senior Citizens
223 North Live Oak Drive
Moncks Corner, SC 29461
(803) 761-8412

Chas. Area Senior Citizens
P.O. Box 343
Charleston, SC 29402
(803) 722-4127

Neighborhood LAP, Inc.
Route 1, Box 1N
St. Helena Island, SC 29920
(803) 838-5001

South Santee Community Center
710 South Santee Road
McClellanville, SC 29458
(803) 546-2789

CHEROKEE

Cherokee County
Service to the Aging
499 West Rutledge Avenue
Gaffney, SC 29340
(803) 489-3868

CHESTER

Chester County Council on Aging
P.O. Box 1109
Chester, SC 29706
(803) 377-4822

COLLETON

Colleton Co. Senior Citizen Services
1905 East Hampton Street
Walterboro, SC 29488
(803) 549-7642 or 549-5331

DILLON

Dillon County Council on Aging
P.O. Box 1473
Dillon, SC 29536
(803) 774-6681

EDGEFIELD

Edgefield Senior Citizens Council
P.O. Box 510
Edgefield, SC 29824
(803) 637-5326

FLORENCE

Florence County Council on Aging
2685 S. Irby Street, Drawer G
Florence, SC 29501
(803) 669-6761

GREENVILLE

Greenville Transit Authority
P.O. Box 2873
Greenville, SC 29602
(803) 271-9228

Legal Services of Western Carolina
P.O. Box 10706, Federal Station
Greenville, SC 29605
(803) 233-2779

GREENWOOD

Piedmont Agency on Aging
P.O. Box 997
Greenwood, SC 29646
(803) 223-0164

CHESTERFIELD

Chesterfield County
Council on Aging
P.O. Box 45
Chesterfield, SC 29709
(803) 623-2280

CLARENDON

Clarendon Co. Council on Aging
P.O. Box 522
Manning, SC 29102
(803) 435-8593

DARLINGTON

Darlington Co. Council on Aging
P.O. Box 64
Darlington, SC 29532
(803) 393-8521

DORCHESTER

Dorchester Human Development Bd.
520 N. Main Street, Room 10
Summerville, SC 29483
(803) 871-5053

FAIRFIELD

Fairfield Co. Council on Aging
210 East Washington Street
Winnsboro, SC 29180
(803) 635-3015

GEORGETOWN

Georgetown City Council on Aging
P.O. Box 1502
Georgetown, SC 29442
(803) 546-8539

Greenville Urban League
P.O. Box 10161
Greenville, SC 29603
(803) 244-3862

Senior Action, Inc.
402 East McBee Street
Greenville, SC 29601
(803) 242-1746

HAMPTON

Hampton County Council on Aging
602 Hoover Street
Hampton, SC 29924-2309
(803) 943-5262

HORRY

Horry County Council on Aging
P.O. Box 1693
Conway, SC 29526
(803) 248-9818

KERSHAW

Kershaw County Council on Aging
P.O. Box 174
Camden, SC 29020
(803) 432-8173

LAURENS

Laurens County Service Council
for Senior Citizens
P.O. Box 777
Laurens, SC 29360
(803) 984-4572

LEXINGTON

Irmo-Chapin Recreation Commission
200 Leisure Lane
Columbia, SC 29210
(803) 731-0047

McCORMICK

McCormick County Council on Aging
P.O. Box 684
McCormick, SC 29835
(803) 465-2626

MARLBORO

Marlboro County Council on Aging
P.O. Box 1195
Bennettsville, SC 29512
(803) 479-9951

OCONEE

Anderson-Oconee Council on Aging
P.O. Box 103
Anderson, SC 29621
(803) 225-3370 or 225-0125
(803) 225-3370 or 225-0125

PICKENS

Pickens County Seniors Unlimited
P.O. Box 6
Liberty, SC 29657
(803) 843-2275

RICHLAND (CONT.)

Council on Aging of the Midlands
Stoneridge Drive
Columbia, SC 29210
(803) 252-7734

JASPER

Jasper County Council on Aging
P.O. Box 831
Hardeeville, SC 29927
(803) 784-2838

LANCASTER

Lancaster Co. Council on Aging
P.O. Box 1296
Lancaster, SC 29720
(803) 285-6956

LEE

Lee County Council on Aging
P.O. Box 343
Bishopville, SC 29010
(803) 484-6212

Lexington County Recreation and
Aging Commission
563 South Lake Drive
Lexington, SC 29072
(803) 359-4048

MARION

Marion County Council on Aging
P.O. Box 728
Marion, SC 29571
(803) 423-4391

NEWBERRY

Newberry County Council on Aging
1304 Hunt Street
Newberry, SC 29108
(803) 276-8266

ORANGEBURG

Orangeburg City. Council on
Aging
P.O. Box 1301
Orangeburg, SC 29116
(803) 531-4663

RICHLAND

Columbia Urban League
P.O. Drawer J
Columbia, SC 29250
(803) 799-8150

Respite House
3600 Colonial Drive
Columbia, SC 29203
(803) 254-1248

SALUDA

Saluda County Council on Aging
P.O. Box 507
Saluda, SC 29138
(803) 445-2175

SUMTER

Santee Senior Services
P.O. Box 832
Sumter, SC 29150
(803) 775-9013 or 773-5508

WILLIAMSBURG

Santee Senior Services
P.O. Box 832
Sumter, SC 29150
(803) 775-9013 or 773-5508

SPARTANBURG

Spartanburg Council on Aging
P.O. Box 5725
Spartanburg, SC 29304-5725
(803) 596-3910

UNION

Union County Council on Aging
P.O. Box 519
Union, SC 29379
(803) 429-1682

YORK

York County Council on Aging
P.O. Box 11519
Rock Hill, SC 29730
(803) 327-6694

APPENDIX G
CONSUMER TOLL FREE HOTLINE
1-(800) 768-3467

WHERE AND HOW TO FILE AN INQUIRY OR COMPLAINT

If you have an insurance question or problem, you should first work with your agent or company to get the matter resolved.

If you cannot get the matter resolved, feel free to contact your South Carolina Department of Insurance for assistance. Inquiries and complaints should be sent to South Carolina Department of Insurance, P.O. Box 100105, Columbia, SC 29202-3105. Their business phone number is (803) 737-6160. An inquiry or complaint may be made in person at these offices or in writing by simply providing the name of the insurance company, the policy number and a complete explanation of your complaint.